

Statement of Organization Recipient Committee

Statement Type

☐ Initial

Not yet qualified ☐ or

_____/_____/_____
Date qualified as committee

☒ Amendment

List I.D. number:

1371068

#

10 22 14

_____/_____/_____
Date qualified as committee
(If applicable)

☐ Termination – See Part 5

List I.D. number:

#

_____/_____/_____
Date of Termination

Date Stamp

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Elise Stearns-Niesen for City Council 2015

STREET ADDRESS (NO P.O. BOX)

213 N. Naomi Street

CITY

Burbank

STATE

CA

ZIP CODE

91505

AREA CODE/PHONE

818-845-0388

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

elise@sbcglobal.net

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

Burbank

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Steve Oliver

STREET ADDRESS (NO P.O. BOX)

2633 Woodstock Lane

CITY

Burbank

STATE

CA

ZIP CODE

91504

AREA CODE/PHONE

818-521-1904

NAME OF ASSISTANT TREASURER, IF ANY

Ron Stearns

STREET ADDRESS (NO P.O. BOX)

2024 Manning Street

CITY

Burbank

STATE

CA

ZIP CODE

91505

AREA CODE/PHONE

818-843-1917

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/24/14 By _____

Executed on 10/24/14 By _____

Executed on _____ By _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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FPPC Form 410 (Dec/2012)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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Recipient Committee

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COMMITTEE NAME

Elise Stearns-Niesen for City Council 2015

I.D. NUMBER

1371068

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Bank of America	818-506-2671	3250 4124 7824
ADDRESS	CITY	STATE ZIP CODE
3400 W. Magnolia Blvd.	Burbank	CA 91505

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Elise Stearns-Niesen	City Council	2015	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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I.D. NUMBER
1371068

COMMITTEE NAME
Elise Stearns-Niesen for City Council 2015

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

☐ _____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.